PTO/SB/80 (11-08)
Approved for use through 11/30/2011. OMB 0651-0035
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Pagerwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby appoint: x	I hereby revoke all previous po 37 CFR 3.73(b).	wers of attorney given in t	he application identified in the atta	ched statement under
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Name				
Registration Number Name				3 · · · · · · · · · · · · · · · · · · ·
Name Number Numb	Practitioner(s) named below (if more than ten patent practiti	oners are to be named, then a customer	number must be used):
Address City Country State St. Jude Medical, Cardiology Division, Inc. 177 East County Road B St. Paul, MN 55117-9913 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this Form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in which this Form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the application in which this Power of Attorney is to be filled. Signature Date Name Date Name Telephone Date Name Telephone Telephone Date Name	Name		Name	
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: The address associated with Customer Number:	as attorney(s) or agent(s) to represent	the undersigned before the Unite	d States Patent and Trademark Office (US	PTO) in connection with
The address associated with Customer Number: 00530 OR Firm or Individual Name Individual Name	attached to this form in accordance wit	1 37 CFR 3.73(b).		
Address City Country State Telephone Assignee Name and Address: St. Jude Medical, Cardiology Division, Inc. 177 East County Road B St. Paul, MN 55117-9913 A copy of this form, together with a statement under 37 CFR 3,73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3,73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled. SIGNATURE of Assignee of Record The individual cose signature and title is supplied below is authorized to act on behalf of the assignee. Signature Name Telephone Telephone Telephone Telephone	X The address associated with C			ud 37 01 K 3.79(0) 13
City Country Telephone Assignee Name and Address: St. Jude Medical, Cardiology Division, Inc. 177 East County Road B St. Paul, MN 55117-9913 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The individual—bose signature and title is supplied below is authorized to act on behalf of the assignee Signature Date Date Telephone Telephone Telephone	Firm or			
Assignee Name and Address: St. Jude Medical, Cardiology Division, Inc. 177 East County Road B St. Paul, MN 55117-9913 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The individual cose signature and title is supplied below is authorized to act on behalf of the assignee. Signature Date Page 19 2011 Telephone	Address			
Assignee Name and Address: St. Jude Medical, Cardiology Division, Inc. 177 East County Road B St. Paul, MN 55117-9913 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The individual cose signature and title is supplied below is authorized to act on behalf of the assignee. Signature Date Telephone Telephone Telephone	City	***************************************		
St. Jude Medical, Cardiology Division, Inc. 177 East County Road B St. Paul, MN 55117-9913 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled. SIGNATURE of Assignee of Record The individual loss signature and title is supplied below is authorized to act on behalf of the assignee Signature Date Telephone Telephone	Country	Telephone	Email	
filed in each application in which this form is used. The statement is defined in each application in which this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The individual woose signature and title is supplied below is authorized to act on behalf of the assignee Signature Date Date Telephone Telephone	St. Jude Medical, Cardiolog 177 East County Road B	gy Division, Inc.		
The individual wose gignature and title is supplied below is authorized to act on behalf of the assignee Signature Date Date Telephone Telephone	filed in each application in which	i this form is used. The sta is form if the appointed pra in which this Power of Att	ctitioner is authorized to act on beha orney is to be filed.	
Signature	The individy:••	SIGNATURE of A cose gignature and title is supplied	Assignee of Record ed below is authorized to act on behalf of th	ne assignee
Name Avenue				
		FAM HUL	Telephone (657)	<u>756-9826</u>